



ANZCA
FPM

Australian Medical Council (AMC) NEW SPECIALIST PROGRAM ASSESSMENT (RURAL GENERALISM) OF RACGP AND ACCRM

Australian and New Zealand College of Anaesthetists
(ANZCA) consultation response

11 March 2026



About ANZCA

The Australian and New Zealand College of Anaesthetists (ANZCA), comprising the Faculty of Pain Medicine (FPM) is the professional body responsible for the postgraduate training programs of specialist anaesthetists and specialist pain medicine physicians.

We are one of the largest medical colleges in Australia and New Zealand with 10,000 members.

A key role of the college is fostering the highest standards of clinical practice, safety and high-quality patient care in anaesthesia, pain medicine and perioperative medicine. We do this through our robust training programs, rigorous standards, continuous education, mentoring and supervision of junior doctors, advocacy, and research.

Consultation scope and request

The Australian Medical Council (AMC) is conducting a new specialist program assessment of the Rural Generalism programs of the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM). ANZCA's feedback on interactions and experiences with the Rural Generalism programs of RACGP and ACCRM was requested, including effectiveness of education and training, and opportunities for collaboration.

ANZCA consultation feedback

Rural Generalist Anaesthesia (RGA) Training Program

In collaboration with the Australian College of Rural and Remote Medicine (ACRRM) and Royal Australian College of General Practitioners (RACGP), the college developed and implemented the 12-month Rural Generalist Anaesthesia (RGA) Training Program (in Australia only).

There is a genuine desire and commitment from RACGP and ACRRM fellows and staff to work collaboratively with ANZCA to develop a RGA program that meet the needs of our regional and rural communities.

Quantity

The first candidates commenced in February 2023. At December 2025, 399 rural generalists holding a Joint Consultative Committee of Anaesthesia letter of satisfactory completion of training have been "grandparented" and awarded RGA recognition, and 91 rural generalists have completed the program.

Scope

Rural generalists with advanced training in anaesthesia play vital roles in providing life-saving services to patients in many regional, rural and remote communities. The RGA Training Program provides training to produce rural generalist anaesthesia graduates who can deliver safe anaesthesia and perioperative care in regional, rural and remote settings for lower-risk patients undergoing elective surgery and patients requiring emergency surgery. This includes obstetric and paediatric patients (within scope of practice) and the resuscitation and stabilisation of patients for transfer when required.

RGA distribution

Anaesthetists work in a wide range of settings, from large tertiary trauma centres to smaller hospitals and day surgery clinics and offices. They also work in a range of clinical environments, from isolated rural environments to large metropolitan teaching hospitals in

both public and private practice. However, across Australia, only 15 per cent of anaesthetists work in regional, rural and remote areas (noting the figure decreases to 6 per cent when narrowed to rural and remote areas only). This figure has been consistent over the last 10 years and highlights the geographic maldistribution of the workforce when compared to the 27 per cent of the Australian population living in these areas.

RGAs are crucial for delivering essential, safe, and sustainable healthcare in rural and remote areas, where specialists are unavailable. The latest data available is summarised below for RGA and Fellowship of the Australian and New Zealand College of Anaesthetists (FANZCA) by location, which highlights the importance of RGA service provision in rural and remote areas. RGAs enable local access to care, reduce the need for patient transfers, and ensure workforce sustainability in underserved communities.

Location	RGA proportion (2025 data)	FANZCA proportion (2024 data)
MMM 1 – metropolitan	7%	85%
MMM 2 – regional	3%	10%
MMM 3-7 – rural to remote	80%	6%
Locum	10%	-

Training site accreditation

In development of training site accreditation standards, the (sensible) decision was made to mirror ANZCA standards and processes, with additional RGA requirements - which improved efficiency of the accreditation processes for colleges and training sites. ANZCA has been proactive in sharing ANZCA Training Accreditation Committee (TAC) decisions with the RGA accreditation committee to assist in making accreditation decisions. TAC has not required this from RGA as yet however it may be requested in the future.

RGA training program curriculum feedback

In December 2025, ANZCA provided feedback to ACCRRM as part of their curriculum review, where ACCRRM was reviewing and updating its curriculum to align with the proposed Rural Generalist Capability Framework and to ensure that the content for each Learning Area within the curriculum remains current, accurate, and reflective of contemporary practice at both the Core Generalist Training Level and the Advanced Specialised Training Levels.

ANZCA provided the below general feedback on the anaesthetics content of the current curriculum. Specific content feedback was also provided.

- The current curriculum does not provide sufficient pedagogical support (below medical school levels i.e. level 9 Blooms) for the scope of practice it implies trainees will have at the end of the program.
- In relation to the knowledge and skills of pain medicine within the area designated “anaesthetics”, the initial knowledge learning outcome does not define pain but rather provides a very narrow mechanistic view of pain. We suggested that the current International Association for the Study of Pain (IASP) definition of pain be included rather than the existing definition as it provides ACCRRM trainees with a definition that is applicable across all patients presenting with pain.
- If a clinician would like to practice as an RGA then they should undertake that approved curriculum via the Tripartite Committee of Rural Generalist Anaesthesia

(ANZCA, ACRRM and RACGP) rather than the ACRRM Advanced Specialised Training.

- The Tripartite Committee is committed to reviewing and updating the RGA curriculum, anticipated to commence in the latter part of 2026/early 2027. As part of this review, some areas of the practice will be updated and included e.g. regional anaesthesia, advanced access, PICC lines, sedation lines etc. ANZCA is also reviewing the ANZCA anaesthesia training program curriculum in 2026, in line with AMC graduate outcomes competency-based training and would expect these principles to be incorporated into the RGA training curriculum.

ANZCA is currently working with Health New Zealand | Te Whatu Ora on progressing a rural training pathway for anaesthesia. A working party will be needed to explore the potential of adopting innovative programmes such as the RGA and the RG Obstetric Model.

RGA operational support

Once qualified, RGAs do not have their work supervised by a specialist anaesthetist in the same way a trainee would (noting that both a RGA and specialist anaesthetist are required as supervisors as part of the RGA training). Instead, RGAs operate independently (within their scope of practice and not embarking on more complex cases if reasonable transfer options exist), however should maintain a strong collegial relationship with specialist anaesthetists for support and consultation.

This means that continued consideration is required on:

- Strengthening the development of trainees to ensure they are prepared for independent practice.
- Addressing any scenarios in which RGAs may be practicing outside of the agreed scope.
- Enhancing interdisciplinary and interprofessional learning/training.
- Concerns around unliteral decision making.

In practice many smaller hospitals have relationships with larger regional public hospitals where a call can be made informally for advice. This relationship is crucial for discussing complex cases, especially for high-risk patients.

As part of this, the supervision, support and on-call practices should continue to be considered as part of the design of the RGA program, following on from the “training” aspect. Opportunities for a supported consolidation year is said to be highly valued by trainees. Noting that some aspects are state-level healthcare network issues, not a medical college controlled item.

Rural and regional specialist pain capability

In late 2025, FPM commenced conversations with ACRRM on the viability of developing a similar program to RGA to upskill medical specialists and trainees working in rural and regional Australia in chronic pain management.

Embedding a scalable education model aligned with existing specialty training and accreditation frameworks is key by taking advantage of skills transferability where the same individual could work across and have skills in multiple scopes of practice. This is particularly advantageous in rural and regional centres where workforce recruitment and retention can be difficult.

Rural and regional communities experience a disproportionately high burden of chronic pain, compounded by workforce shortages, long travel times, and limited access to specialist pain services. Emergency departments in rural settings frequently manage recurrent pain presentations, without access to specialist input, contributing to repeat hospital presentations, opioid prescribing risks, and fragmented care pathways.

This is reflected in that only 10% of Australian specialist pain medicine physicians work in regional, rural and remote areas (1% when narrowed to rural and remote areas), despite 27% of the Australian population living in these areas.

Specialties with high exposure to chronic pain presentations is considered to be a high value start point, particularly emergency medicine, anaesthesia, and general medicine.

There is a significant opportunity and interest to upskill existing specialists and trainees already embedded in rural services, improving care quality and system efficiency without additional accreditation burden. However, sufficiency of funding is the biggest barrier. Some of the initial requirements are to:

- Establish clear evidence of appetite and demand among rural and regional medical specialist trainees and fellows for structured pain management education.
- Define measurable benefits for trainees, health services, and communities.
- Co-design a pilot-ready education and capability framework aligned with existing accreditation and training standards, without creating new rural accreditation sites.

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